

**CARDIFF HIGH SCHOOL ADMISSION FORM 2020/2021**

Child's Surname: _____	First Name: _____
Middle Name(s): _____	Chosen Name: _____
Date of Birth: _____	Gender:(M or F) _____
Address: _____	
Post Code: _____	Home Tel. No.: _____

**Historical Information**

Has your child attended this school before?	Yes		No	
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If Yes, please give the approximate date of leaving.	Date:
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Does your child have brothers or sisters attending this school?	Yes		No	
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If yes, please give name and date of birth of eldest brother or sister.	
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Name: _____	Date of Birth: _____
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Was your child born outside of the United Kingdom?	Yes		No	
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If yes, please give date of arrival in the UK and place of birth.	
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Place of birth: _____	Date of arrival in the UK: _____
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**Parental/Carer Contacts:**

Surname: \_\_\_\_\_ Forename: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Title: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Parental Responsibility: (Y/N) \_\_\_\_\_

Priority: (1,2,3 or 4)\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Home Tel. No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Work Telephone No: \_\_\_\_\_ Email Address: \_\_\_\_\_

Surname: \_\_\_\_\_ Forename: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Title: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Parental Responsibility: (Y/N) \_\_\_\_\_

Priority: (1,2,3 or 4)\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Home Tel. No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Work Telephone No: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Other Emergency Contacts:**

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Priority: (1,2,3 or 4) \_\_\_\_\_  
Address: \_\_\_\_\_  
Postcode: \_\_\_\_\_  
Home Tel. No.: \_\_\_\_\_ Mobile Number: \_\_\_\_\_  
Day Place: \_\_\_\_\_ Day Telephone : \_\_\_\_\_

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Priority: (1,2,3 or 4) \_\_\_\_\_  
Address: \_\_\_\_\_  
Postcode: \_\_\_\_\_  
Home Tel. No.: \_\_\_\_\_ Mobile Number: \_\_\_\_\_  
Day Place: \_\_\_\_\_ Day Telephone: \_\_\_\_\_

**Previous School Details**

Name of School/Playgroup: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Date of Starting; \_\_\_\_\_ Date of Leaving; \_\_\_\_\_

**Medical Information**

Doctor's Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Doctor's Address: \_\_\_\_\_

Please list any medical conditions that we should know about, including allergies:

Does your child have any dietary needs for medical or religious reasons? If so, please list.

Is your child in currently in receipt of Free School Meals (Y/N) \_\_\_\_\_

I hereby give authorisation for medical treatment to be given to my child in the event of an emergency  
Signed \_\_\_\_\_ Parent/Guardian

**RELIGION – Please tick only one box in this section.**

Anglican	<input type="checkbox"/>	Baptist	<input type="checkbox"/>	Christian	<input type="checkbox"/>	Hindu	<input type="checkbox"/>
Jewish	<input type="checkbox"/>	Roman Catholic	<input type="checkbox"/>	Methodist	<input type="checkbox"/>	Muslim	<input type="checkbox"/>
United Reform Church	<input type="checkbox"/>	Sikh	<input type="checkbox"/>	No Religion	<input type="checkbox"/>	Other	<input type="checkbox"/>

**FIRST LANGUAGE – Please tick only one box in this section.**

Afrikaans	<input type="checkbox"/>	Gaelic/Irish	<input type="checkbox"/>	Panjabi	<input type="checkbox"/>
Akan/Twi-Fante	<input type="checkbox"/>	Georgian	<input type="checkbox"/>	Pashto/Pakhto	<input type="checkbox"/>
Albanian	<input type="checkbox"/>	German	<input type="checkbox"/>	Persian/Farsi	<input type="checkbox"/>
Amharic	<input type="checkbox"/>	Greek	<input type="checkbox"/>	Persian/Dari	<input type="checkbox"/>
Arabic	<input type="checkbox"/>	Gujarati	<input type="checkbox"/>	Polish	<input type="checkbox"/>
Armenian	<input type="checkbox"/>	Hausa	<input type="checkbox"/>	Portuguese	<input type="checkbox"/>
Assyrian/Aramaic	<input type="checkbox"/>	Hebrew	<input type="checkbox"/>	Refused	<input type="checkbox"/>
Azeri	<input type="checkbox"/>	Hindi	<input type="checkbox"/>	Romanian	<input type="checkbox"/>
Balochi	<input type="checkbox"/>	Hindko	<input type="checkbox"/>	Romany/English Romanes	<input type="checkbox"/>
Bemba	<input type="checkbox"/>	Hungarian	<input type="checkbox"/>	Russian	<input type="checkbox"/>
Bengali (Any Other)	<input type="checkbox"/>	Icelandic	<input type="checkbox"/>	Serbian/Croatian/Bosnian	<input type="checkbox"/>
Bengali (Sylheti)	<input type="checkbox"/>	Igbo	<input type="checkbox"/>	Shona	<input type="checkbox"/>
Berber/Tamazight	<input type="checkbox"/>	Ijo	<input type="checkbox"/>	Sindhi	<input type="checkbox"/>
British Sign Language	<input type="checkbox"/>	Italian	<input type="checkbox"/>	Sinhala	<input type="checkbox"/>
Bulgarian	<input type="checkbox"/>	Japanese	<input type="checkbox"/>	Slovak	<input type="checkbox"/>
Burmese/Myanma	<input type="checkbox"/>	Kannada	<input type="checkbox"/>	Somali	<input type="checkbox"/>
Caribbean Creole English	<input type="checkbox"/>	Katchi	<input type="checkbox"/>	Sotho/Sesotho	<input type="checkbox"/>
Caribbean Creole French	<input type="checkbox"/>	Kikuyu/Gikuyu	<input type="checkbox"/>	Spanish	<input type="checkbox"/>
Catalan	<input type="checkbox"/>	Kirundi	<input type="checkbox"/>	Swahili/Kiswahili	<input type="checkbox"/>
Chechen	<input type="checkbox"/>	Korean	<input type="checkbox"/>	Swedish	<input type="checkbox"/>
Chichewa/Nyanja	<input type="checkbox"/>	Krio	<input type="checkbox"/>	Tagalog/Filipino	<input type="checkbox"/>
Chinese (Any Other)	<input type="checkbox"/>	Kurdish	<input type="checkbox"/>	Tamil	<input type="checkbox"/>
Chinese (Cantonese)	<input type="checkbox"/>	Latvian	<input type="checkbox"/>	Telugu	<input type="checkbox"/>
Chinese (Mandarin/Putonghua)	<input type="checkbox"/>	Lingala	<input type="checkbox"/>	Temne	<input type="checkbox"/>
Classification Pending	<input type="checkbox"/>	Lithuanian	<input type="checkbox"/>	Thai	<input type="checkbox"/>
Czech	<input type="checkbox"/>	Luganda	<input type="checkbox"/>	Tibetan	<input type="checkbox"/>
Danish	<input type="checkbox"/>	Macedonian	<input type="checkbox"/>	Tigrinya	<input type="checkbox"/>
Dutch/Flemish	<input type="checkbox"/>	Malay/Indonesian	<input type="checkbox"/>	Turkish	<input type="checkbox"/>
Edo/Bini	<input type="checkbox"/>	Malayalam	<input type="checkbox"/>	Ukrainian	<input type="checkbox"/>
Efik-Ibibio	<input type="checkbox"/>	Maldivian/Dhivehi	<input type="checkbox"/>	Urdu	<input type="checkbox"/>
English and/or Welsh	<input type="checkbox"/>	Maltese	<input type="checkbox"/>	Urhobo-Isoko	<input type="checkbox"/>
Esan/Ishan	<input type="checkbox"/>	Mandin/Mandekan	<input type="checkbox"/>	Uzbek	<input type="checkbox"/>
Ewe	<input type="checkbox"/>	Marathi	<input type="checkbox"/>	Vietnamese	<input type="checkbox"/>
Finnish	<input type="checkbox"/>	Ndebele	<input type="checkbox"/>	West African Pidgin English	<input type="checkbox"/>
French	<input type="checkbox"/>	Nepali	<input type="checkbox"/>	Wolof	<input type="checkbox"/>
Fula/Fulfulde-Pulaar	<input type="checkbox"/>	Norwegian	<input type="checkbox"/>	Xhosa	<input type="checkbox"/>
Ga	<input type="checkbox"/>	Oriya	<input type="checkbox"/>	Yoruba	<input type="checkbox"/>
Gaelic (Scotland)	<input type="checkbox"/>	Other Language	<input type="checkbox"/>	Zulu	<input type="checkbox"/>

**NATIONAL IDENTITY – Please tick only one box in this section.**

Welsh	<input type="checkbox"/>	British	<input type="checkbox"/>	English	<input type="checkbox"/>	Irish	<input type="checkbox"/>
Scottish	<input type="checkbox"/>	Other (Please Specify)					

I do not wish National Identity to be recorded	<input type="checkbox"/>
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**ETHNICITY – Please tick only one box in this section.**

<b>WHITE</b>					
White British	<input type="checkbox"/>	Czech	<input type="checkbox"/>	Portuguese	<input type="checkbox"/>
Traveller of Irish Heritage	<input type="checkbox"/>	French	<input type="checkbox"/>	Romanian	<input type="checkbox"/>
'New' Traveller	<input type="checkbox"/>	German	<input type="checkbox"/>	Russian	<input type="checkbox"/>
Occupational Traveller	<input type="checkbox"/>	Greek/Greek Cypriot	<input type="checkbox"/>	Scandinavian	<input type="checkbox"/>
Other Traveller	<input type="checkbox"/>	Hungarian	<input type="checkbox"/>	Serbian	<input type="checkbox"/>
British Gypsy/Gypsy Roma	<input type="checkbox"/>	Italian	<input type="checkbox"/>	Slovakian	<input type="checkbox"/>
Gypsy/Gypsy Roma from Other Countries	<input type="checkbox"/>	Kosovan	<input type="checkbox"/>	Slovenian	<input type="checkbox"/>
Other Gypsy/Gypsy Roma	<input type="checkbox"/>	Latvian	<input type="checkbox"/>	Spanish	<input type="checkbox"/>
Albanian	<input type="checkbox"/>	Lithuanian	<input type="checkbox"/>	Turkish/Turkish Cypriot	<input type="checkbox"/>
Bosnian-Herzegovinian	<input type="checkbox"/>	Maltese	<input type="checkbox"/>	Ukranian	<input type="checkbox"/>
Bulgarian	<input type="checkbox"/>	Montenegrin	<input type="checkbox"/>	White European Other	<input type="checkbox"/>
Croatian	<input type="checkbox"/>	Polish	<input type="checkbox"/>	Other White	<input type="checkbox"/>

<b>MIXED BACKGROUND</b>					
White and Black Caribbean	<input type="checkbox"/>	White and Chinese	<input type="checkbox"/>	Asian and Black	<input type="checkbox"/>
White and Black African	<input type="checkbox"/>	Asian and Chinese	<input type="checkbox"/>	Other Mixed Background	<input type="checkbox"/>
White and Asian	<input type="checkbox"/>	Black and Chinese	<input type="checkbox"/>	Black and Any Other Ethnic Group	<input type="checkbox"/>
White and Any Other Ethnic Group	<input type="checkbox"/>	Asian and Any Other Ethnic Group	<input type="checkbox"/>	Chinese and Any Other Ethnic Group	<input type="checkbox"/>

<b>ASIAN OR ASIAN BRITISH</b>					
Indian	<input type="checkbox"/>	African Asian	<input type="checkbox"/>	Sinhalese	<input type="checkbox"/>
Mirpuri Pakistani	<input type="checkbox"/>	Kashmiri	<input type="checkbox"/>	Sri Lankan Tamil	<input type="checkbox"/>
Other Pakistani	<input type="checkbox"/>	Nepali	<input type="checkbox"/>	Other Asian	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>				<input type="checkbox"/>

<b>BLACK OR BLACK BRITISH</b>					
Caribbean	<input type="checkbox"/>	Ghanaian	<input type="checkbox"/>	Sudanese	<input type="checkbox"/>
Sierra Leonian	<input type="checkbox"/>	Somali	<input type="checkbox"/>	Black North American	<input type="checkbox"/>
Other Black African	<input type="checkbox"/>	Black European	<input type="checkbox"/>		<input type="checkbox"/>
Other Black	<input type="checkbox"/>	Nigerian	<input type="checkbox"/>		<input type="checkbox"/>

<b>CHINESE OR CHINESE BRITISH</b>					
Hong Kong Chinese	<input type="checkbox"/>	Malaysian Chinese	<input type="checkbox"/>	Singaporean Chinese	<input type="checkbox"/>
Taiwanese	<input type="checkbox"/>	Other Chinese	<input type="checkbox"/>		<input type="checkbox"/>

<b>ANY OTHER ETHNIC GROUP</b>					
Afghanistani	<input type="checkbox"/>	Japanese	<input type="checkbox"/>	Moroccan	<input type="checkbox"/>
Arab	<input type="checkbox"/>	Korean	<input type="checkbox"/>	Polynesian	<input type="checkbox"/>
Egyptian	<input type="checkbox"/>	Kurdish	<input type="checkbox"/>	Thai	<input type="checkbox"/>
Filipino	<input type="checkbox"/>	Latin American	<input type="checkbox"/>	Vietnamese	<input type="checkbox"/>
Irani	<input type="checkbox"/>	Lebanese	<input type="checkbox"/>	Yemeni	<input type="checkbox"/>
Iraqi	<input type="checkbox"/>	Malay	<input type="checkbox"/>	Other Ethnic Group	<input type="checkbox"/>

I do not wish any ethnic background to be recorded	<input type="checkbox"/>
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## YOUR CHILD'S USE OF THE WELSH LANGUAGE

Can your child speak Welsh?	Yes		No	
<i>If 'yes' please answer the following questions</i>				
Which of the following best describes your child's fluency in Welsh?				
	Speaks Welsh fluently		Speaks Welsh but not fluently	
Does your child speak Welsh at home?				
	Yes		No	
<i>If 'yes' please tick one of the following boxes</i>				
	Speaks Welsh with one parent or guardian only			
	Speaks Welsh with both parents or guardians			
	Does not speak Welsh at home with parents or guardians			
Does your child speak Welsh at home with their siblings?				
	Yes		No	

**DECLARATION: (Parent or Carer)**

**I confirm that the information held on this form is correct.**

**Signed:** ..... **Date:** .....

**Relationship to child:** .....

**Data Protection**

The data requested will be stored on the school management information system in line with data protection legislation and our retention schedule. It will be used for the purposes outlined in our 'Privacy Notice' which is issued to parents/carers and pupils. Every effort is made to ensure the accuracy and security of personal data held by the school. Individuals have certain rights of access to personal information held on them which are also outlined in the privacy notice.

Parental/Carer consent given on this form will remain in place until the end of your child's education at Cardiff High School unless you notify us that you wish to withdraw consent.